

USTB WRITTEN DIRECTIVE CLAIM REQUEST FORM

**KENTUCKY
DEPARTMENT FOR
ENVIRONMENTAL
PROTECTION**

Mail completed form to:
**DIVISION OF WASTE MANAGEMENT
UNDERGROUND STORAGE TANK BRANCH
200 FAIR OAKS, SECOND FLOOR
FRANKFORT, KENTUCKY 40601
(502) 564-5981**

FOR STATE USE ONLY**Application #** 0**AI #** 0

(enter name of directive)

Reimbursable Amount \$0.00**Date of Directive** 01/00/00

Name of PSTEAF Applicant

Mailing Address

City

State

Zip

Name of Contact Person

Telephone Number

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision, that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I certify that the submitted information is true, accurate and complete. I further certify that, if not the owner or operator, I am authorized by the owner or operator as an agent to make this certification, or I am the person eligible in accordance with 401 KAR 42:316 and my (our) eligibility is in good standing.

Applicant Signature Date

Title of Applicant/Authorized Representative

Eligible Company Rep. Signature Eligible Co. # Date

FOR STAFF USE ONLY

Amount Of Entry Level: _____

Claim # _____

Amount Met (yes/no)

Total Amount Obligated: _____

File/CORRE #: _____

Total Amount Paid: _____

Account#: _____

Total Adjustment (+/-): _____

Vendor #: _____

Amount Recommended: _____

Staff: _____

Date: _____

Branch Manager: _____

Date: _____